Inmate Medical Form CREEK COUNTY SHERIFFS OFFICE

DATE: 02/22/2016 TIME: 10:50:12PM

Booking #: 54293

Name: FOUTCH, RUSSELL TED

Jacket: 138388

Date Of B
Race/Sex W/M Intake D

Date Of Birth:
Intake Date: 02/22/2016

EXHIBIT
3

Date: 02/22/2016 Time: 22:50

Answe	Question Question	#
No	Is inmate unconscious?	1
No	Does inmate have any visible signs of trauma, illness, obvious pain or bleeding, requiring immediate emergency or doctor's care?	2
No	Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread though the facility?	3
No	Any signs of poor skin condition, vermin, rashes or needle marks?	4
No	Does inmate appear to be under the influence of drugs or alcohol?	5
No	Any visible signs of alcohol or drug withdrawal?	6
No	Does inmates behavior suggest the risk of suicide or assault?	7
No	Is inmate carrying medication?	8
No	Does inmate have any physical deformities?	9
No	Does inmate appear to have psychiatric problems?	10
No	Allergies	11
No	Arthritis	12
No	Asthma	13
No	Diabetes	14
No	Epilepsy	15
No	Fainting Spells	16
No	Venereal Disease	17
No	Other (specify)	18
No	Have you recently been hospitalized or treated by a doctor?	21
Yes	Do you currently take any medication prescribed by a doctor?	22
	Yes.	22
No	Are you allergic to any medication?	23
Yes	Do you have any handicaps or conditions that limit activity?	24
	Yes. Bad hip	
No	Have you ever attempted suicide or are you thinking about it now?	25
No	Do you have any problems when you stop drinking or using drugs?	26
No	Do you have a special diet prescribed by a physician?	27
No	Do you have any problems or pain with your teeth?	28
No	Do you have any other medical problems we should know about?	29
No	Hepatitis	31
No	Heart Condition	32
No	High Blood Pressure	33
Yes	Psychiatric Disorder	34
	Yes. Depression and anixety	
No	Seizures	35
No	Tuberculosis	36
No	Ulcers	37
No	Is the inmate bleeding profusely	38
No	How Injury was Received.	39
No	Description of any recent physical injury	40
No	How injury was received	41
No	Perscriptions/Medical Treatments/Medical Programs	42

NOTE: An * means the question was not answered.

Form_InmateMedicalRevised

Inmate Medical Form

CREEK COUNTY SHERIFFS OFFICE

DATE: 02/22/2016 TIME: 10:50:12PM

N	Name: FOUTCH, R	USSELL TED			Date Of Birth:			Date:	02/22/2016
Book	ing #: 54293	Jacket: 138388	Race/Sex	W/M	Intake Date:	02/22/2016			22:50
Answei	-			Questio	n				#
No	Description of Injury	Treatment						-	43
No	Any medical condition	that could adversely affect yo	ur health if you a	are booked in	to the Creek county	/ jail?			44
Yes	Are you now or have y Yes.	ou ever been treated by a ment	tal health provide	er?	11		· ·		45
Yes	Have you ever been bo	ooked into Creek County Jail B	efore?						46
No	HIV/AIDS								47
No	Are you allergic to any	FOOD?							48
Yes	If you are on any medi Yes. DOC	cations, this is to inform you th	nat YOU must pr	ovide the med	lications in a legal a	and current prescrip	tion bot		49
Yes	are you a DOC inmate Yes. Oklaho	what facility ma Reformatory at Gra	anite						50
No	Have you been involve	d in an altercation or vehicel co	olision					_	60
	+ Russe	A Las			(12:00:	00 A	
	In	mate's Signature			-	Officer's Sign	nature		

Authorization and Consent

CREEK COUNTY SHERIFFS OFFICE

DATE:	02/22/2016
TIME:	10:50:30PM

Committee of the commit		
From: CREEK COUNTY SHERIFFS (316 EAST LEE AVENUE	OFFICE	То:
SAPULPA, OK. 74066 Phone: (918) 227-6374 Fai	v·	Phone:
11.000. (210) 227-0374	Α.	Fax:
Print Name:	Social Security Number	Date Of Request
FOUTCH, RUSSELL TED		02/22/2016
Pharmacy:		Booking #: 54293
City & State		Jacket: 138388
from such.	er release all employees of the CREEK C ation by notifying the above intended in valued on this authorization.	y the person(s) receiving it and is no longer protected OUNTY SHERIFFS OFFICE from any responsibility writing of my desire to revoke. This cancellation will
Discharge Summary		
Discharge Summary X-Ray	_Progress Notes	CT / MRI
	_Progress Notes _History & Physical	CT / MRI Path Report
X-Ray	_Progress Notes	CT / MRIPath ReportSurgical Reports
X-RayLab ReportSpecial Consults I further understand the information and auth This information has been disclosed to you fi prohibit you from making any further disclos the person whom it pertains or as otherwise p information is not sufficient for this purpose.	Progress NotesHistory & PhysicalVerify MedicationsPsych. Reports norization for release may contain inform from records protected by Federal / State sure of this information unless further dis- permitted by 42 CER part2. A general au-	CT / MRI Path Report
X-RayLab ReportSpecial Consults I further understand the information and auth This information has been disclosed to you fi prohibit you from making any further disclos the person whom it pertains or as otherwise p information is not sufficient for this purpose. prosecute any alcohol or drug abuse patient.	Progress NotesHistory & PhysicalVerify MedicationsPsych. Reports norization for release may contain inform from records protected by Federal / State sure of this information unless further dis- permitted by 42 CER part2. A general au-	CT / MRIPath ReportSurgical ReportsALL OF THE ABOVE ation that indicates I have a communicable disease. confidentiality rules. The Federal / State rules closure is expressly permitted by written consent of
X-RayLab ReportSpecial Consults I further understand the information and auth This information has been disclosed to you fi prohibit you from making any further disclos the person whom it pertains or as otherwise p information is not sufficient for this purpose.	Progress Notes History & Physical Verify Medications Psych. Reports Proministry of the release may contain information records protected by Federal / State sure of this information unless further dispermitted by 42 CER part2. A general automation of the rederal / State rules restrict any use	CT / MRIPath ReportSurgical ReportsALL OF THE ABOVE ation that indicates I have a communicable disease. confidentiality rules. The Federal / State rules closure is expressly permitted by written consent of
X-RayLab ReportSpecial Consults I further understand the information and auth This information has been disclosed to you fi prohibit you from making any further disclos the person whom it pertains or as otherwise p information is not sufficient for this purpose. prosecute any alcohol or drug abuse patient.	Progress NotesHistory & PhysicalVerify MedicationsPsych. Reports norization for release may contain inform from records protected by Federal / State sure of this information unless further dis- permitted by 42 CER part2. A general au The Federal / State rules restrict any use	CT / MRIPath ReportSurgical ReportsALL OF THE ABOVE ation that indicates I have a communicable disease. confidentiality rules. The Federal / State rules closure is expressly permitted by written consent of athorization for the release of medical or other e of the information to criminally investigate or

Important Notice: The information contained throughout this form (facsimile) above is privileged and confidential, intended only for the individual designated above. Others are hereby notified that disclosure, copying distribution or taking action based on the content of this information is strictly prohibited. If you receive the form erroneously transmitted to you, it should be returned to the sender by US Mail or authorized by sender to destroy.

TURN KEY H	TO A T PROPER		
COLUMN TO THE PARTY OF THE PART	EAUTH		120
	MEDICAL		DOC
1 6	MEDICALIN	TAKE FORM	
NAME: Fontch.	Russell		
HEALTH INSUBANCE.	D	OB:	ATF#
MALE FEMAI	YES BY NO CARRIED ADDIED	NUMBER:	11 601
OTHERB	BLACK 🗆 ASIAN 🗀 AMERI	CAN INDIAN HISPAN	NIC
SENT FOR A TIME			VIC.
SENT FOR A FIT?	'ES 🕰 NO REASON:		
ALLERGIES ~			
MEDICATION D VEG I	7 10		
MEDICATION LI 1E2	NO WHAT MEDICATION:_		
INMATE CHECKED FOR HE	DUGES #		M
ANY INJURIES TO REPORT D	DUE TO ARREST OR BOOKING?	NEEDED?YES_	NO
WEAR GLASSES, CONTACTS	DENTINES DARTIAL LIEARNING!	TES What?	
IF SO WHAT? _ glasse	HAVE ON PER	SONS OR USE ANY PROST	HESIS OR MEDICAL DEVICE?
WITHIS TO CO	11601-0	7	
VITALS: TEMP 970	B/P_142/90_PULSE	5 025AT 95	WEIGHT 78
LIST ALL CURRENT MEDICA	TICALC		
P.O. O.COO	TIONS INCLUDE DOSAGE, FREO	UENCY, LAST TUME TAKEN	AND PHARMACY?
Develor.	43mg 4 POQHS	Rispordol 2mg	V, at night
		grante OK	
	UAK.	granite of	
MI	EDICAL ILLNESS: CHECK ANY CIT	RRENT OR DAST COMPLETE	
- HEART ATTACKY CANDIAC	EDICAL ILLNESS: CHECK ANY CU DISEASE EXPLAIN	RRENT OR PAST CONDITION	DNS:
DHIGH B/P	DISEASE EXPLAIN	RRENT OR PAST CONDITION	DNS:
☐HIGH B/P ☐CANCER/ONCOLOGY- TYP	DISEASE EXPLAIN	RRENT OR PAST CONDITION	DNS:
□HIGH B/P_ □CANCER/ONCOLOGY- TYP □LUNG DISEASE_	DISEASE EXPLAIN	RRENT OR PAST CONDITION	ONS:
□HIGH B/P_ □CANCER/ONCOLOGY- TYP □LUNG DISEASE □STROKE	DISEASE EXPLAIN	RRENT OR PAST CONDITION	ONS:
THIGH B/P	DISEASE EXPLAIN	RRENT OR PAST CONDITION	DNS:
THIGH B/P_ CANCER/ONCOLOGY- TYP LUNG DISEASE STROKE ASTHMA DIABETES	E	WHEN	
DHIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE DSTROKE ASTHMA DIABETES SURGERIES IN	E	RRENT OR PAST CONDITION WHEN RENT FSBS	
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE STROKE ASTHMA DIABETES SURGERIES SEIZURE	NSULINCURF	WHENRENT FSBS	EXPLAIN
HIGH B/P □CANCER/ONCOLOGY- TYP □LUNG DISEASE □STROKE □ASTHMA □DIABETES □SURGERIES □SEIZURE	NSULINCURF	WHENRENT FSBS	EXPLAIN
THIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE DISTROKE DIABETES SURGERIES SEIZURE DHIV/AIDS DIABOTOS DISTO'S	NSULINCURF DATE OF LASTHOW LONG?	WHENRENT FSBS	EXPLAIN
□HIGH B/P □CANCER/ONCOLOGY- TYP □LUNG DISEASE □STROKE □ASTHMA □DIABETES □SEIZURE □HIV/AIDS □STD'S □MAJOR DENTAL CONDITION	NSULINCURP LOSULINCURP LOSULINDATE OF LAST HOW LONG?TYPE	WHEN	EXPLAIN
□HIGH B/P □CANCER/ONCOLOGY- TYP □LUNG DISEASE □STROKE □ASTHMA □DIABETES □SEIZURE □HIV/AIDS □STD'S □MAJOR DENTAL CONDITION	NSULINCURP LOSULINCURP LOSULINDATE OF LAST HOW LONG?TYPE	WHEN	EXPLAIN
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE DIASTHMA DIABETES SURGERIES HIV/AIDS STD'S MAJOR DENTAL CONDITION THE PATITIS-TYPE:	DISEASE EXPLAIN E NSULINCURF DATE OF LASSEMENT OF LASSEME	WHEN	EXPLAIN
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE DIASTHMA DIABETES SURGERIES HIV/AIDS DIAJOR DENTAL CONDITION THE PATITIS-TYPE: LISTORY OF TB / POSITIVE TO	DISEASE EXPLAIN E NSULINCURF DATE OF LASSEMENT	WHEN	EXPLAINLAST LAB
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE STROKE DIABETES SEIZURE HIV/AIDS STD'S MAJOR DENTAL CONDITION THEPATITIS-TYPE: LISTORY OF TB / POSITIVE TO LAVE YOU RECENTLY EXPER	DISEASE EXPLAIN CURP DATE OF LAS HOW LONG? TYPE HOW LONG? HOW LONG?	WHEN	EXPLAINLAST LAB
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE DIASTHMA DIABETES IN SURGERIES HIV/AIDS DIADOR DENTAL CONDITION THEPATITIS-TYPE: INSTORY OF TB / POSITIVE TO LAVE YOU RECENTLY EXPERTANCE THAN 10 LBS WEIGHT	DISEASE EXPLAIN CURP DATE OF LAS HOW LONG? TYPE HOW LONG? HOW LONG?	WHEN	EXPLAINLAST LAB
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE DSTROKE DIABETES SURGERIES HIV/AIDS SEIZURE HIV/AIDS MAJOR DENTAL CONDITION HEPATITIS-TYPE: HISTORY OF TB / POSITIVE TO LIVE TO	DISEASE EXPLAIN E NSULINCURF DATE OF LASSEMENT	WHEN	EXPLAINLAST LAB
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE DIASTHMA DIABETES SURGERIES HIV/AIDS STO'S MAJOR DENTAL CONDITION THEPATITIS-TYPE: HISTORY OF TB / POSITIVE TO LIAVE YOU RECENTLY EXPERTANCE OF THE NORE THAN 10 LBS WEIGHTEN, NY, EXPLAIN:	DISEASE EXPLAIN E NSULIN CURP DATE OF LAST HOW LONG? TYPE DINS HOW LONG? B SKIN TEST? WHEN IENCED: CHRONIC COUGH - COL LOSS IN THE LAST MONTH - LOST	WHEN	EXPLAIN
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE DIASTHMA DIABETES SEIZURE HIV/AIDS STO'S MAJOR DENTAL CONDITION HEPATITIS-TYPE: IAVE YOU RECENTLY EXPER MORE THAN 10 LBS WEIGHT NY, EXPLAIN: PPEARANCE - SWEATING -	DISEASE EXPLAIN E NSULIN CURP DATE OF LAST HOW LONG? TYPE HOW LONG? HOW LONG? B SKIN TEST? WHEN IENCED: CHRONIC COUGH-CO LOSS IN THE LAST MONTH- LOST TREMORS — ANXIOLIS — DISEA	WHENRENT FSBS	EXPLAIN
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE STROKE ASTHMA DIABETES IN SEIZURE HIV/AIDS STO'S MAJOR DENTAL CONDITION THEPATITIS-TYPE: INSTORY OF TB / POSITIVE TO LAVE YOU RECENTLY EXPERTORE THAN 10 LBS WEIGHT NY, EXPLAIN: PPEARANCE - SWEATING - EHAVIOR - NERVOUS - DISC	DISEASE EXPLAIN E NSULIN CURP DATE OF LAST HOW LONG? TYPE DINS HOW LONG? B SKIN TEST? WHEN IENCED: CHRONIC COUGH - COI LOSS IN THE LAST MONTH - LOST TREMORS - ANXIOUS - DISHER	WHENRENT FSBS	EXPLAIN
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE STROKE ASTHMA DIABETES SURGERIES HIV/AIDS STO'S MAJOR DENTAL CONDITION THEPATITIS-TYPE: HAVE YOU RECENTLY EXPERTORE THAN 10 LBS WEIGHTMAN, EXPLAIN: PPEARANCE - SWEATING - EHAVIOR - NERVOUS - DISCIPLE OF CONSCIOUSNESS	DISEASE EXPLAIN E NSULIN CURP DATE OF LAST HOW LONG? TYPE DISEASE EXPLAIN LOSS IN TEST? WHEN LOSS IN THE LAST MONTH- LOST TREMORS – ANXIOUS – DISHEAD ORDERLY – INSENSIBLE — APPRO	WHEN_ RENT FSBS ST SEIZURE CURRENT MEDS? WHERE THE SEIZURE THE S	EXPLAINLAST LAB
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE STROKE DASTHMA DIABETES SEIZURE HIV/AIDS STD'S MAJOR DENTAL CONDITION HEPATITIS-TYPE: HISTORY OF TB / POSITIVE TO BE AND THE AND	DISEASE EXPLAIN E NSULIN CURP DATE OF LAST HOW LONG? TYPE DISEASE EXPLAIN LOSS IN TEST? WHEN LOSS IN THE LAST MONTH- LOST TREMORS – ANXIOUS – DISHEAD ORDERLY – INSENSIBLE — APPRO ALERP – LETHARGIC – UNDER TORSISTENT COLIGHING — HYPERM	WHEN_ RENT FSBS ST SEIZURE CURRENT MEDS? WHERE THE SEIZURE OF APPETITE - FEVER, -N OF APP	EXPLAINLAST LABREATMENTARGY - BODY WEEKNESS - IGHT SWEATS? IF YES TO
DHIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE DSTROKE DIABETES SURGERIES HIV/AIDS STOY'S MAJOR DENTAL CONDITION THEPATITIS-TYPE: HISTORY OF TB / POSITIVE TO LIVE TO L	DISEASE EXPLAIN E NSULIN CURP DATE OF LAST HOW LONG? TYPE DISEASE EXPLAIN LOSS IN TEST? WHEN LOSS IN THE LAST MONTH- LOST TREMORS – ANXIOUS – DISHEAD ORDERLY – INSENSIBLE — APPRO	WHEN_ RENT FSBS ST SEIZURE CURRENT MEDS? WHERE THE SEIZURE OF APPETITE - FEVER, -N OF APP	EXPLAINLAST LABREATMENTARGY - BODY WEEKNESS - IGHT SWEATS? IF YES TO
HIGH B/P CANCER/ONCOLOGY- TYP LUNG DISEASE STROKE ASTHMA DIABETES SEIZURE HIV/AIDS STOY'S MAJOR DENTAL CONDITION HEPATITIS-TYPE: INTORY OF TB / POSITIVE TO AVE YOU RECENTLY EXPERTION FORE THAN 10 LBS WEIGHTMAN, EXPLAIN: PPEARANCE - SWEATING - EHAVIOR - NERVOUS - DISCIPLIANCE - SECTION FREATHING - LABORED - PER REATHING - LABORED - PER CANCER/ONCOLOGY TATE OF CONSCIOUSNESS - REATHING - LABORED - PER CONSCIOUSNESS - REATHING - LAB	DISEASE EXPLAIN E NSULIN CURP DATE OF LAST HOW LONG? TYPE DISEASE EXPLAIN LOSS IN TEST? WHEN LOSS IN THE LAST MONTH- LOST TREMORS – ANXIOUS – DISHEAD ORDERLY – INSENSIBLE — APPRO ALERP – LETHARGIC – UNDER TORSISTENT COLIGHING — HYPERM	WHEN_ RENT FSBS ST SEIZURE CURRENT MEDS? WHERE THE SEIZURE OF APPETITE - FEVER, -N OF APP	EXPLAINLAST LABREATMENTARGY - BODY WEEKNESS - IGHT SWEATS? IF YES TO

	SKIN - DO YOU CURRENT
	SKIN - DO YOU CURRENTLY HAVE: RASHES - SORES - WOUNDS - JAUNDICE - SKIN CONDITIONS - BRUISES - TRAUMA MARKINGS - NEEDLE MARKINGS - RECENT TATTOOS? WHERE CONCERNS?
	FEIVIALE REALTH
	ARE YOU PREGNANT NOW? TO YES
	IF PREGNANT EDD? # OF PREGNANCIES
	IF PREGNANT EDD? # OF PRESNANCIES # OF LIVE BIRTHS PROBLEM IN PREGNANCIES? # OF LIVE BIRTHS DRIGHT RISK YES NO TYPE OF DELIVERY
	OB/GYN NAME:PHONE#
	PROBLEM IN PREGNANCIES? # OF LIVE BIRTHS OB/GYN NAME: PHONE# LAST VISIT DATE: NEXT APPT SCHEDULE:
	MENTAL HEALTH
	HAVE YOU EVER HAD A MENTAL ILLNESS? YES NO EXPLAIN FINANCIAL CONTROL OF STATE OF ST
	ARE YOU CURRENTLY SEEN BY MENTAL HEALTH PROFESSIONAL? PYES NO
	ARE YOU CURRENTLY SEEN BY MENTAL HEALTH PROFESSIONAL? YES NO HAVE YOU EVER TAKEN ANY MENTAL HEALTH MEDICAL
	HAVE YOU EVER TAKEN ANY MENTAL HEALTH MEDS? PO YES NO
	ATTEMPTED SUICIDES TO VES
	ANY CURRENT SUICIDAL THOUGHTS? YES NO EXPLAIN:
•	ARE YOU USING OR HAVE YOU EVER USED ANY OF THE FOLLOWING? DATE OF LAST USE?
	BARBITUATES
	☐ LSD/HALLUCINOGENS/PCP
	LI MARIJIANA
4	AMPHETAMINE/SPEED 2014 GLUE/SOLVENT/INHALANT
ı	GLUE/SOLVENT/ INHALANT HEROIN
_	CRACK/ COCAINE
	SALCOHOL 2014
	OTHER
F	AVE YOU EVER HAD OR ARE YOU CURRENTLY HAVING ANY WITHDRAWAL SYMPTOMS WHEN YOU STOPPED RUGS OR ALCOHOL?
L	ROGS OR ALCOHOL? TYES TO EXPLAIN:
_	
O	THER COMMENTS OR PHYSICAL FINDINGS:
_	The state of the s
_	
_	
R	COMMENDED HOUSING BASED ON MEDICAL/MENTAL HEALTH EVALUATION:
	TRANSPORT TO HOSPITAL
_	RECOMMENDED GENERAL POPULATON
	SUICIDE PRECAUTIONS
	RECOMMENDED MEDICAL HOUSING / ISOLATION DUE TO:
	STRUCTED ON HOW TO ACCESSS MEDICAL/ MENTAL HEALTH CARE? YES NO
_	
	EDICAL EVALUATION PREFORMED BY:
M	DICAL EVALUATION DATE: 2-23-16

6/10

11

TURN KRY HEALTH

AUTHORIZATION FOR DISCLOSURE AND RELEASE OF PROTECTED HEALTH INFORMATION

Patient's name: Toutch, Kussell	Date of birth:
I hereby authorize the use or disclosure of the Protected Health Infefollowing (please provide complete address):	ormation (PHI) described below to be provided to or obtained by th
Name of Facility or Person to receive PHI:	Name of Facility or Person to Release PHI:
Address:Phone no.:Fax no.:	Address: Phone no.: 918-230-7980 Fax no.:
The type of information to be disclosed:	
Evaluations	Psychotherapy Notes
The purpose of such disclosure:	
Ongoing Treatment Medical Care Consultation Evaluation Transfer Coordination of	Care
The designated information about me may may not be transmechanisms. The above designated personmay may not designated personmay may not designated personmay may not designated person	nsmitted by fax, electronic mail or other electronic file transfer liscuss by telephone the content of the information released.
This consent is in effect until release from custody. I understand the action based on it has already taken place.	at I may revoke this authorization, in writing, at any time unless
I hereby release all parties stated herewith from any liability resulting photocopy of this release shall be as valid as the original.	g from the release of this information. I agree that a
I understand that the information authorized for release may include alcohol abuse. I also,understand that my communications in therapy regulations and cannot be disclosed without my written authorizatio sessions is legally confidential in the case of licensed clinical social except for certain legal exceptions. In general, these exceptions peneglect of children.	y are protected under federal and state confidentiality n. The information provided by a client during therapy workers, except as provided in section 12.43.218 CRS and
I further understand that the potential exists for re-disclosure of my protected under the HIPAA privacy regulations.	private mental health information, and that it may no longer be
I understand that information I have or may have a communicable of disclosed without permission except in limited circumstances includ disclosure pursuant to an order of the court or the U.S. Department disclosure for statistical or epidemiological purposes. When such in which you could be identified unless disclosure of that identifying in U.S. Department of Health or by law.	ling disclosure to persons who have had risk exposures, of Health, disclosure among health care providers or formation is disclosed, it cannot contain information from
This is to certify that I have given consent freely and voluntarily, and information, if known, have been explained to me.	d that the benefits and disadvantages of releasing the
Signature of Patient . Wall to	Date:

7-8-16

OF THIS INFORMATION.

FEDERAL REGULATIONS PROHIBIT THE RECIPIENT OF THIS INFORMATION FROM MAKING ANY FURTHER DISCLOSURES

......

CONSENT FOR RELEASE OF CONFIDENTIAL MEDICAL/PSYCHIATRIC INFORMATION
Patient's Name: Foutch, Russell
DOB: Social Security Number:
I THE UNDERSIGNED, DO HEREBY AUTHORIZE OSE Grante Pententar
Rx/13+ S80-480-3987
TO RELEASE INFORMATION CONCERNING ANY MEDICAL OR MENTAL HEALTH TREATMENT RECEIVED INCLUDING X-RAY RESULTS, LABS, MEDICATIONS, TREATMENTS AND ORDERS OR ANY OTHER MEDICAL RELATED DATA FOR THE PURPOSE OF CONTINUED MEDICAL OR MENTAL HEALTH TREATMENT.
INFORMATION WILL BE RELEASED TO THE MEDICAL DEPARTMENT OF: (CC) 9175 Ridge yiew Rd. Tuesa, OK. PHONE # 918- 227- 1375 FAX # 120-127-128
PHONE # 918 - 227 - 6376 NOTICE (630.S. 1992, 1-502.2B)
THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION WHICH MAY BE CONSIDERED A COMMUNICABLE, NON-COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, SICKLE CELL, GONORRHEA AND HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS AIDS, AND DRUG AND ALCOHOL ABUSE. I understand that the records requested may be protected under 42 C.F.R. Part 2 governing Alcohol and Drug Abuse Patient records, the Health Insurances Portability and Accountability Act of 1996(HIPPA) 45 C.F.R. Parts 160 & 164, State Confidentiality laws and regulations and can not be released without any consent unless otherwise provided for by regulations. State and Federal law regulations prohibit any further disclosure of such records without my specific written consent or when otherwise permitted by such regulations.
INFORMATION MAY BE RELEASED TO THE ABOVE NAMED PERSONS UNTIL RELEASED FROM CUSTODY:
SIGNATURE OF PATIENT: DATE: 2-23-16
WITNESS (1) 1/2 CPN 2-23-16
WITNESS (2)(SIGNATURE BY MARK MUST HAVE 2 WITNESSES)
NOTICE TO ABOVE RECIPIENTS CERTAIN STATUTES, STATES AND FEDERAL, MAY PROHIBIT FUTHER DISCLOSURES OR RELEASE OF THE ABOVE INFORMATION WITHOUT SPECIFIC WRITTEN CONSENT FOR RELEASE FROM THE PERSON(S) ABOUT WHOM IT PERTAINS. THIS "CONSENT FOR RELEASE OF CONFIDENTAL INFORMATION" IS NOT INTENDED TO AUTHORIZE FURTHER RELEASE OR DISCLOSURE, NOR CONSTITUTE A WAVIER OF SUCH OTHER STATUTES.

TK007

* *	★ * Communication Result Repo		:()/PM) * * * DUNTY JUSTICE C	TR-BOOKING
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MEDICAL PROGRESS NOTE FORM

(ALL PATIENT ENCOUNTERS REQUIRE SOAPE FORMAT)

LLERGIES _	
DATE/TIME	CLINICAL NOTE
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45/	State Re Verma fory, Dron'der nontherd
	and dake orders to continue must
	that met the facilities protocol
-	(Se Mar for meds) 17 7m
	P.

Feb. 23. 2016 3:42PM

5804803987

No. 4503

Current Patient's Medications

Page 1 of 1

Oklahoma Department of Corrections

FOUTCH, RUSSELL
OK DoC Offender ID
(49) M Caucasiar
Oklahoma State Reformatory

	Oklanor	na State Reformatory
Medication	Start Date	End Date
1x Lamictal [lamotrigine] 25 mg tablet oral	2/20/2016	5/19/2016
4 tablet(s) Before bed for 90 Days	2/20/2016	5/19/2016
DiphenhydrAMINE Hydrochloride [diphenhydrAMINE] 50 mg capsule of al	2/15/2016	5/14/2016
1 capsule(s) Before bed for 90 Days	2/15/2016	5/14/2016
Rx Mirtazapine [mirtazapine] 45 mg tablet oral	2/15/2016	5/14/2016
1 tablet(s) Before bed for 90 Days	2/15/2016	5/14/2016
nx Risperidone [Risperidone] 1 mg tablet oral	2/15/2016	5/14/2016
2 tablet(s) Before bed for 90 Days	2/15/2016	5/14/2016
Rx Celexa [citalopram] 20 mg tablet oral	1/7/2016	4/5/2016
1 tablet(s) Before bed for 90 Days	1/7/2016	4/5/2016
Notes:		

The contents of this document are confidential and restricted to authorized personnel of the Oklahoma Department of Corrections.

SICK CALL REQUEST FORM

INMATE NAME: RUSSELL FORES DOB: INMATE NUMBER.
DATE: 3-4-16 FACILTY: CCJC LOCATION/POD: FPOD
Thave a tooth a he absessed tooth
 INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH OKLAHOMA STATUTES.
 INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT FUNDS IN THEIR INMATE ACCOUNT.
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE INSUFFICIENT FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. ANY MONEY DEPOSITED INTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL BE USED TO SATISFY THE DEBT WITH THE FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES.
INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS, AND SIGNATURES ACKNOWLEDGE UNDERSTANDING OF DURING A CONTROL OF THE SICK CALL PROCESS.
INMATE SIGNATURE DATE
MEDICAL STAFF USE ONLY BELOW THIS BOX
RECEIVED BY MEDICAL: 3/5/10/0700e DATE/TIME ALCO 20/5
ACTION TO BE TAKEN:
SCHEDULE FOR SICK CALL SCHEDULE FOR PROVIDER CLINIC WRITTEN RESPONSE TO INQUIRY
OTHER: Mild Doc Numbers to Bas Dunn 6176
MEDICAL RESPONSE: 1 Was Seen and treated to clipic
MEDICAL SIGNATURE 2/55/6
Turn Key Health

DATE: 3-4-2010 FACILTY: VCTC LOCATION/POD: F-Pod REASON FOR REQUEST: There through Pain in the imperieff teeth May check is Swellen And It have had Thaptonen pleases something of the soct. 1. INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH OKLAHOMA STATUTES. 2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT THORS IN 3. FEES FOR MEDICAL SWILL BE DEDUCTED DIRECTLY FROM AM INMATE'S ACCOUNT. IF THEFE ARE INSUFFICIENT FOUNDS IN THE ACCOUNT, THE FEES WILL BE DEDITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. ANY MOJEY DEPOSITED BYTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL SE USED TO SATISFY THE DEST WITH THE DES	
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TURN KEY HEALTH

DENTAL - TOOTHACHE PROTOCOL

FASIENT NAME: 2055 DOB:		DATE:3/5/6	
ALLERGIES: NVI A			
OUD IFOTO I			
INITIAL COMPLAINT:		_ 8 9	
Onset: New Constant Intermittent	Upper right	6 600 DAIL	Upper left
Pain Scale: (1-10)		5 2 2 2	
Associated symptoms: 7 Farable 5 6			
Contribution factors 4.	All properties by	(1) (14	
OBJECTIVE: Eating Drinking Chewing Hot Cold		2 15	
pp 11-than 1 1 - 12 1 And 1	distanta	YOUR TEETH O	
ASSESSMENT:		32 TOOR TEETH (1) 17	
Visual evidence of Tooth decay ☐ Yes ☐ No		31 (†) 18	
Comments:		30(4)	
Reddness surrounding affected tooth		29 (2) 20	
Comments:	Lower right	28 (1) (2) 21	Lower left
Swelling surrounding affected tooth	134	26 25 24 23 22	
Comments:			
Visual evidence of external swelling ✓ Yes □ No			
Comments:	1	\$	
Pus surrounding affected tooth ✓ Yes □ No	T. AY	not	
ments:	1 1		
LJence of trauma/ injury to jaw ☐ Yes ☑ No			
Comments:			
Tooth positive to percussion Yes No			
Comments:			
Appearance : No distress Mild distress Moderate distress Severe distress			
Notify Provider if:			_
Signs of infection (swollen gums and jaw, reddness)			
□ Severe tooth pain not relieved by Ibuprophen or Tylenol			
□ Accidents with painful/fractured teeth, bleeding, or if can not close mouth			
☐ Temperature greater than 100			
PLAN: Provider approval must be obtained prior to any prescription medication being g	iven		
Usuprophen 400 mg po BID for no more than 7 days without Provider order			
☐ Tylenol 1000mg po BID for no more than 7 days without Provider order.			- 1
☐ Tincture of Benzocaine Compound via swab topical to tooth BID for no more than 7 days with	out Provid	der order	
adent Education.		Jei Older.	
☐ Instructed on proper oral hygiene care, medication use, follow-up sick call if no improvement.	_		
Additional Orders: A and a Miles		A FIL N =	
Additional Comments:	DV 800,	my 140 X70	V
Medical Staff Signature	ر _ Date	15/16	

SICK CALL REQUEST FORM	
INMATE NAME: LUSSE / FOUTCh DOB:	
DATE: LOCATION/POD: LOCATION/POD:	
Ten 1000 and need to 30 to Dent.	1
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 INMATES ACCESSING MEDICAL, MENTAL HEALTH, DENTAL OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH OKLAHOMA STATUTES. 	
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THE SICK CALL PROCESS.	
INMATE SIGNATURE B-3-16 DATE	
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MEDICAL SIGNATURE DATE/TIME	
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OTHER:	
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On 1 1 2	
MEDICAL SIGNATURE 8-7-16 MEDICAL SIGNATURE DATE/TIME	
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TURN KEY HEALTH	

SICK CALL REQUEST FORM

DOC

INMATE NAME: RUSSEL	1 toutch DOB:	I	NMATE NUMBER:
DATE: 8-28-16	FACILITY: CCJC	LOCAT	TON/POD: E 119
neason for request: My footh Tan have 1. INMATES ACCESSING MACCORDANCE WITH O	S CQUS. 75 MC 25 + Couble C MEDICAL, MENTAL HEALTH, DEN KLAHOMA STATUTES. E DENIED MEDICAL CARE DUE TO	a lot of	oain and eed if pulled out Thank you AL SERVICES WILL BE CHARGED IN OR DUE TO INSUFFICIENT FUNDS IN
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Russell Forte	###MEDICAL STAFF USE	9-28-16 DATE	BOX**
RECEIVED BY MEDICAL: MEDICAL SIGNATURE		8/29/16 DÄTE/TIME	
ACTION TO BE TAKEN: CHECULE FOR SICK CALL OTHER:	SCHEDULE FOR PROVIDE	ER CLINIC 🗖 WRI	· . TTEN RESPONSE TO INQUIRY .
MEDICAL RESPONSE: Seen by M	1. UVSE 8/31/16	protocol	noted.
MEDICAL SIGNATURE	(pr)	S/3///O DATE/TIME KEY HEALTH	



DENTAL - TOOTHACHE PROTOCOL 8/31/16 RUSSell_DOB: PATIENT NAME: ALLERGIES: NKA SUBJECTIVE: INITIAL COMPLAINT: Upper right. Onset:

New (E) Constant Intermittent Pain Scale: (1-10) Associated symptoms: □ Earache Jaw Pain Sinus Contributing factors to pain: K Eating □ Drinking Chewing **OBJECTIVE:** YOUR TEET BP)42/100/P 63 T 973 02 ASSESSMENT: Visual evidence of Tooth decay Yes , ' No Reddness surrounding affected tooth Lower right Swelling surrounding affected tooth Yes No Comments: Visual evidence of external swelling Yes Comments: Pus surrounding affected tooth Comments: Evidence of trauma/ injury to jaw ZI. No Comments: Tooth positive to percussion Yes Comments: ☐ Moderate distress Appearance:

No distress Mild distress Severe distress Notify Provider if: Signs of infection (swollen gums and jaw, reddness) Severe tooth pain not relieved by Ibuprophen or Tylenol ☐ Accidents with painful/fractured teeth, bleeding, or if can not close mouth Temperature greater than 100 PLAN: Provider approval must be obtained prior to any prescription medication being given Ibunrophen 400 mg po BID for no more than 7 days without Provider order Tylenol 1000 mg po BID for no more than 7 days without Provider order. Oragel topically BID for no more than 7 days without Provider order. Patient Education: Instructed on proper oral hygiene care, medication use, follow-up sick call if no improvement. **Additional Orders: Additional Comments:**

TK016

Date

Lashadae

Medical Staff Signature



SHORTNESS OF BREATH

DATIFALT MARKE TO		0			
PATIENT NAME: FO	ruch,	Russell	D	ATE: 9/28/16	
Subjective Data : W	waring	e a dono brown	other + correct	ing tree nota	Desath donale
Illergies: NKA	0			9 9 9 10	JACON COLOR
nitial Complaint: Difficulty breathing, opisodes of fainting, or opposite					
Inset:	☐ Chronic	Recurrence	Severity of attack: (1.1)	n Ø	
Surrent Medications;					
Sovera	Cold Air	DE .			
recipitating Factors:	□ Cold Air	☐ Exercise ☐ Air poll		Asthma ☐ COPD ☐ Resp	o Inf CHF
ssociated symptoms: Objective Data:	☐ Productive	Cough Explain:	Whee	ezing	
	1- 05 5		Peak F		
P145/105	T97.8	P 4	1 R 2/1	0 0292	1-95
Respiration	Skin	Appearance	LOC	Swelling	Lungs
Even	□ Warm	☐ No distress	☐ Awake	☐ Extremities €	☐ Clear
Uneven	Pink	Mild distress	Alert	☐ Generalized	Rhonchi
Labored	Cool	☐ Severe Distress	Oriented x 3	☐ Pitting	Rales
Unlabored	Pale		☐ Confused		Wheezes
Shallow	☐ Cyanotic		☐ Lethargic		□ Crackles
Deep	☐ Mottled		☐ Comatose		Diminish
Rapid					(Dide
ssessment:					1093000
Impaired gas exchang	e related to rea	ctive airway disease.			
lan: Provider approval	must be obtain	ned prior to any prescript	ion medication being adm	ninistemd	
OTIFY MEDICAL PROV	IDER IMMEDI	ATELY IF:	the state of boing duff	iiinistereu.	
Severe exacerbation Unstable Unresponsive to treatment					
O 2 sat of < 87 % or < 90	% following tre	atment	HOIVE TO TICATILIENT		
Use inhaler (usually albu	terol) for sympto	matic treatment If patient ha	as own inhalor		
if patient does not have in	haler or if not re	sponsive to inhalar treatmen	of in 10 minutes admitted a		
If patient does not have inhaler or if not responsive to inhaler treatment in 10 minutes administer Nebulizer Treatment with Albuterol 0.5 ml prepackaged Normal saline (this will require order from Provider)					
Evaluate frequently every 15 -30 minutes. Encourage fluids.					
Initiate O 2 at 6 liter / min administrates Encourage holds. If does not respond to treatment by non-rebreathing mask if in acute distress/ shortness of breath.					
If does not respond to trea	itment call ambi	Jance for transport to hospi	ital and notify Drawides	breath.	
If patient does respond to	treatment sched	ule for next Provider clinic	ital and flothly Provider.		
Iditional orders:		are to Hoxel Toylder Chirac.			
tient_Education:					
	first a for a second				
noticed to increase	fluids, factors th	nat trigger asthma attack, co	orrect use of inhaler, follow-u	up sick call if no improvement.	
patient verbalizes un ditional Notes:	derstanding.				
May to all out	t	20:0-01	1 0		
allouter of refer to given of to 95% after (B) sink lungo diminished + whoesing heard 40 chest pain & deep broothing 65 130.					
9	01,		is week to week	rung. 65 130.	
cal staff Signature:	Cran/Pi)		Date Olaphi	
Date: 9/28/16					
Sant valle lypton Lach to see					
			cent	Mar	

MEDICAL PROGRESS NOTE FORM

(all patient encounters require soape format)

NAME: Foutch, Russell DOB	SS/INMATE#
ALLERGIES NKOKA	55) INIVIATES
DATE/TIME CUB	1
CLIT	IICAL NOTE
9-29-16 1400 Note left for this	rawse by LPN C. Green, requesting
a call be made to the	woulder a sout treatment for
The immate, Inmate he	as done 2 sick calle this
week for shortness of	breath, wheezing + dizzhess,
Provider L. Gootley ARNP o	rdered to continue the
albuterol nebulizer treati	nents ordered on 9-25-16 + that
3he will see him Monday	in clinic as long as the
- Junpions ouns worse	n. 192, AR-94, So0, -942,
198 , KR 22, Will court of	Dungaitor - The 18
9-30-16 1115 Inmates called guar	els to E-pod to check an
immate Foutehirer DO Co	nner, the inmote was cyanotic
and not breathing. Immate	- was arousal and larought
to medical. In the hallu	my outside booking, the
inmate became dizzu a	nd collapsed to the Ploor.
At this time Ems was	called by Supervisor Smithte
respond to the facility -	Manuela
1100 1 045 hurse en countered	- inmate lying in the floor
with DOS around him, Luma	ife was alent & some lethania
Mod to answer questions ag	propriatelei. Inmate disphoretic
and pall in color. US 15492	1. AR 119, Spor 938 RR 24, 0
nitro or any meds given as H	is nowse notificel EMS was
2130 11 at facility.	The Lav
9-30-16 1175 Ems personnel enco	unter pt 5HII lying down
Turn Key H	
A second of the	

MEDICAL PROGRESS NOTE FORM

(ALL PATIENT ENCOUNTERS REQUIRE SOAPE FORMAT)

NAME: Fortel, Russell DOB: S/INMATE#	
ALLERGIES AK MA	
DATE/TIME CLINICAL NOTE	·
9-30-16 in hallway out side booking, Mil Inmote still able	
Conta, to answer EMT questions and got to gurny with	
(19519). As imate was being loaded into the	
ambulance his eggs rollal back in to his head	
and his vital signs coashed. A code was	
initiated by EMS personne (ECPP, The on the ambulances.	
9-30-16 1155 After performating several rounds of CPR on hunate, Ems departed CCSC for St.	
Sohn's Hospital - Sapulpa Still performing COR.	
The factor of the service of the ser	icholas room, LPN
4016 0900 Inmake was informed this AM that the	400
Late provider would see him Marchay inf Symptoms did	
her wor In. Inmote agreed + had or camplaints at.	
this tower The law	
TURN KEY HEALTH	

TUR	n Key Health Provider ord	ERS		
NAME: 10	Whis/E DOB:	S/IN	IMATE#	
DATE/TIME	PROVIDER ORDERS	1 de <u>- 40 de</u> - 2001	NOTED BY / DATE / TIME	
2/12/16 1851	Remieta 125 my POBHS Reminon 45 my POBHS Releya 2000 10 HOM	s	M HOWLEYAPRN	



PROVIDER ORDERS

NAME:	DOB DOB SINI	MATE#
DATE/TIME	PROVIDED ORDERS	
2/-/11	PROVIDER ORDERS	NOTED BY / DATE / TIME
1400	The le choostey ANGINING	
7100	THOMAN COOPER HOLD X THE IS	
	Thole Another Mineletter a OXL	
	A A CONTRACTOR OF THE PARTY OF	HULAPRIN
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Sep. 30. 2016 1:46PM No. 2783 P. 5 Case 4:17-cv-00431-GKF-JFJ Document 79-3 Filed in USDC ND/OK on 01/18/19 Page 22 of 41



DOC

Medical Protocols

Upper Respiratory Congestion (Common Cold)

PATIENT	name: <u>F</u>	outen ,	Russ	sell	DATE;	9-25-11	<u></u>	
Subjective	Data:							
Allergies:	MKDA							
Initial Comp	olaint:	SOB						
History of:	□ Asthma	☐ COPD	☐ Sinus infe	ction	Past positive	PPD	☑ Night swea	ts
Onset:	Ø-New onset		□ Chronic		☐ Recurrence		V	
Current Med						-		
Objective I								
BP 158/9		<u>P //7</u>		r 20		T 96.8	,	02 <i>93%</i>
Associated : ☑ Productive		☐ Fever ☐ Non-Produc	☐ Red eyes alive cough		□ Stuffy nose nKi5h phelm	(Runny nose	☐ Sneezing	1
Smoking His	story	☐ Current		Previous	Packs per day?	2 Packs	Last use? 🥇	Imore
Throat	□ Normal	Red / Inflar	ned	□ White / pat		☐ Pustules	☐ Clear drain	
Lungs (Rt)	☐ Clear	☐ Crackles		☐ Wheezing	•	☐ Rhonchi	☐ Diminished	
".ungs (Lt)	☐ Clear	☐ Crackles		□ Wheezing		□ Rhonchi	☐ Diminished	
<u>iasal</u>	I Z∫ Normal	☐ Red / Inflan	ned	☐ Swollen		Tonsils	☐ Yellow / gre	en discharge
Neck gland		□ Swollen		☐ Tender to p	alpitation			
	<u>(⊠.Normal</u>	Red		□ Drainage	Describe:			☐ Chronic
COPD	☐ Yes	ÌSk≾No		Congestive H	eart Fallure	Yes	(1 <u>7</u> 7700	
Assessment								
/ <u>KU</u> ∕Alteration in	n comfort relate	<u>d to mild upper</u>	respiratory co	ngeatlon.				_
Plan:				1 41 11				
□ Notify Brow	<u>provar must be</u> ider if numpters	<u>a et Torreient e</u>	or to any pres	scription medic	ation administer	red.		
	ider if symptom Ider temperatur			ioss, productive	cough, lever			
	ider if lymphade							
				infection: areer	or yellow puruler	nt enutum or drain	and from nose	
ear pain,	dyspnea.		ida.y badiona.	miconom gice	ror Jenow Parajer	responding of diam	lage Irom nose,	
	nistory of sever	e COPD						
			D for no more	than 7 days wi	thout Providers or	der	,	
Mild conges	stion may give I	Mucus Relief 1:	lablet BID for r	no more than 3 (days without Prov	ider order. いんん	n avalithe	
🗷 May give Ty	ylenal 1000mg j	oo bid or Ibupro	phen 400 mg j	po BID for pain	or elevated tempe	erature for no mor	re than 7 days	
without Pr	rovider order				•			
ADDITIONAL	, ,							·
Albuteu	ot Neb.	tx Bid	PRN ~			•		
Patlent Education:								
<u> Instructed ρ</u>	Instructed patient to increase fluids, medication use, follow-up sick call if no improvement. Verbalized understanding.							
							<u>.</u>	

Medical staff Signature:

PN __Date: 9-25-/4



PROVIDER ORDERS

ALLERGIES 1	itch, Russell DOB	SS/INMATE#
DATE/TIME	PROVIDER ORDERS	NOTED BY /
5/20/16 19100 9-25-16 1415	PROVIDER ORDERS Lamicial 25mg PO Q HS Remeron 45mg PO Q HS Risperial 20mg PO Q HS Celexa 20mg PO Q HS T.O. Leh Gootley ARDP Albuterol Neb +x Bid PRN T.O. Lela Gootley ARDP/LG	NOTED BY / DATE / TIME Chanish Shoutles Apeu Lashadre (pr



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MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES 1.800.882.6337 FAX: 724.349.4209



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IAL ORDER		1 2	3	4	5	9	7 8	9	10	11	12	13	14	15	16	17	18	19	2	21	22	23	24	25	26	27	28	29	30	3-
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DATE OF BIRTH OR SOC. SEC. NO.	ALLERGIES N 600																					DIAG	GNOSIS							
ENT NAME AND NUMBER TOUTCH, RUSSIL	· 	FACILIT	ΤΥ											CHART	ring foi	R		THRO	UGH											
																										Tk	K 02	<u>'</u> 4		

Case 4:17-cv-00431-GKF-JFJ Document 79-3 Filed in USDC ND/OK on 01/18/19 Page 25 of 41 **MEDICATION NOTES** Instructions: Injection Site Codes: **Result Codes:** Non Administered Medication Reason Codes: • INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN. • CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED. • STATE REASON FOR REFUSAL UNDER MEDICATION NOTES. 5. BUTTOCKS (GLUTEUS) LEFT 6. BUTTOCKS (GLUTEUS) RIGHT 1. ABDOMEN LEFT 9. UPPER BACK LEFT A. EFFECTIVE 1. REFUSED BY PATIENT B. SLIGHTLY EFFECTIVE C. INEFFECTIVE D. NO EFFECT OBSERVED 10. UPPER BACK RIGHT 11. UPPER CHEST LEFT 12. UPPER CHEST RIGHT 2. PATIENT DID NOT SHOW 3. PATIENT NOT IN CELL 4. SECURITY LOCKDOWN 2. ABDOMEN RIGHT 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT 7. THIGH (QUADRICEPS) LEFT 8. THIGH (QUADRICEPS) RIGHT STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT. INDICATE INJECTION SITE WITH APPROPRIATE CODE. 5. MEDICATION HELD (STATE REASON) 6. MEDICATION OUT OF STOCK Date Time Init. Medication - Dose Route Reason Result Date Time Init. Medication - Dose Route Result Reason

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MEDICATION ADMINISTRATION RECORD





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usperidal 2 15 gu	0		1 n		Λ	2 (4)	Ma	.0			A							26		26	- 0	
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	Instructions:						
	mstructions.		DICATIO Injection Site			Result Codes:	Non Administered Medication Reason Codes:
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MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES 1.800.882.6337 FAX: 724.349.4209 <DIAMOND>

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toutch, Russell	INDI	FA	ACHLITY													CHART	TING FO)R	-	THR	OUGU												

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MEDICATION ADMINISTRATION RECORD





DIAMOND PH 1.800.882.633

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337	FAX: 724.349.4209	

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MEDICATION NOTES

Instructions:		Injection Site Codes:		Result Codes:	Non Administered Medication Reason Codes:
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			ION SITE WITH AFFRORNIATE CODE								4	6. MEDICATION OUT OF	STOCK
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MEDICATION ADMINISTRATION RECORD



DIAMOND PHARMACY SERVICES 1.800.882.6337 FAX: 724.349.4209

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Instructions: - INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GI - CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED STATE REASON FOR REFUSAL UNDER MEDICATION OCTES STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT - INDICATE INJECTION SITE WITH APPROPRIATE CODE. BY Time Init. Medication - Dose Route - Medication - Dose Route	VEN. 1. ABDOMEN LEFT 2. ABDOMEN RIGHT 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT Reason	Injection Sit 5. BUTTOCKS (GLU 6. BUTTOCKS (GLU 7. THIGH (QUADRIO 8. THIGH (QUADRIO			9. UPI	PER BACK LEFT		It Codes:	Non Administered Medication	
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MEDICATION ADMINISTRATION RECORD



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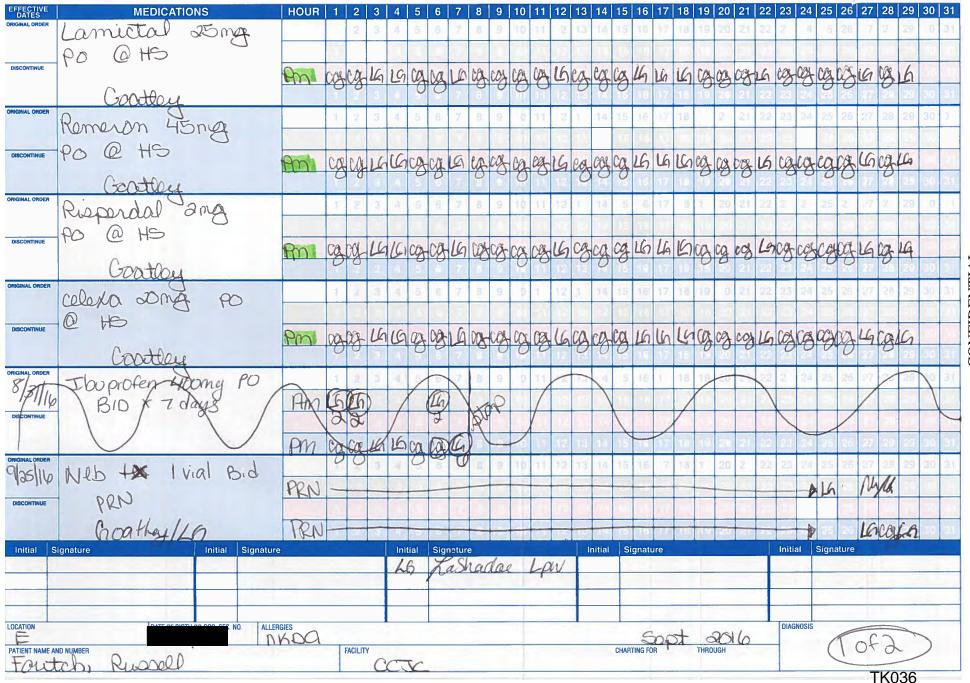
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Case 4:17-cv-00431-GKF-JFJ Document 79-3 Filed in USDC ND/OK on 01/18/19 Page 35 of 41

	ME	DICATION NO	OTES			
Instructions: Instructions: Initial appropriate box when medication or treatment is given circle initials when medication or treatment is refused. State reason for refusal under medication notes. State reason and result for prin medication or treatment. Indicate injection site with appropriate code.		Injection Site Codes:		Result Codes: A. EFFECTIVE B. SLIGHTLY EFFECTIVE C. INEFFECTIVE D. NO EFFECT OBSERVED	Non Administered Medication Reason Co. 1, REFUSED BY PATIENT 2, PATIENT DID NOT SHOW 3, PATIENT NOT IN CELL 4, SECURITY LOCKDOWN 5, MEDICATION HELD (STATE REASON) 6, MEDICATION OUT OF STOCK	
ate Time Init. Medication - Dose Route	Reason	Result Date Time	e Init. Medication	- Dose Route	Reason Result	
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CONFIDENTIAL

DIAMOND PHARMACY SERVICES MEDICATION ADMINISTRATION RECORD DIAMOND> 1.800.882.6337 FAX: 724.349.4209



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Instructions: INSTRUCTION OR TREATMENT IS GIVEN. CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS GIVEN. STATE REASON FOR REFUSAL UNDER MEDICATION OR TOTES. STATE REASON AND REFUSAL UNDER MEDICATION OR TREATMENT. INDICATE INJECTION SITE WITH APPROPRIATE CODE.			1. ABDOMEN LEFT 2. ABDOMEN RIGHT 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT	7. THIGH (QUADRICEPS) LEFT 11. UPPER		PER BACK LEFT PER BACK RIGHT PER CHEST LEFT PER CHEST RIGHT	ST LEFT C. INEFFECTIVE		Non Administered Medication Reason 1. REFUSED BY PATIENT 2. PATIENT DID NOT SHOW 3. PATIENT NOT IN CELL 4. SECURITY LOCKDOWN 5. MEDICATION HELD (STATE REASO) 6. MEDICATION OUT OF STOCK					
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Case 4:17-cv-00431-GKF-JFJ Document 79-3 Filed in USDC ND/OK on 01/18/19 Page 39 of 41 **MEDICATION NOTES** Non Administered Medication Reason Codes: Instructions: Injection Site Codes: Result Codes: 5. BUTTOCKS (GLUTEUS) LEFT 6. BUTTOCKS (GLUTEUS) RIGHT 7. THIGH (QUADRICEPS) LEFT 8. THIGH (QUADRICEPS) RIGHT 1. REFUSED BY PATIENT 2. PATIENT DID NOT SHOW 3. PATIENT NOT IN CELL A. EFFECTIVE B. SLIGHTLY EFFECTIVE C. INEFFECTIVE · INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN. 1. ABDOMEN LEFT CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED. STATE REASON FOR REFUSAL UNDER MEDICATION NOTES. STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT. 10. UPPER BACK RIGHT 11. UPPER CHEST LEFT 12. UPPER CHEST RIGHT 2. ABDOMEN RIGHT 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT D. NO EFFECT OBSERVED 4. SECURITY LOCKDOWN 5. MEDICATION HELD (STATE REASON) 6. MEDICATION OUT OF STOCK INDICATE INJECTION SITE WITH APPROPRIATE CODE. Date Time Init. Medication - Dose Reason Result Date Time Init. Medication - Dose Route Reason Result Route

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		Date: 76-9-30-16 Time: 1230 PATIENT NAME: Foutch, Rus: 1230 Miunicipal DOC Miunicipal Cons TYPE OF SERVICE: Dental Cons TRANSPORT: AMBULANCE TO DEPUT CE FO S DIAGNOSIS/SUSPECTED CONDITION: Foutch Sold Side of Side	TO BOOKING OTHER OTHER OF PROVIDERS NAME: Lee to Coat of Cushing of Rd Rd Cushing of Rd Rd Cushing of Rd Rd Cushing of Rd	Hay, Armp 	

TURN KRY HEALTH

OFFSITE NOTIFICATION

OFFSITE NOTIFICATION
Date: 90-30-16 Time: 1230 Facility: Creek Co,
PATIENT NAME: Foutch, Russell ss#/INMATE#:
CUSTODY STATUS: County DOC Federal Municipal Prior to Booking Other
TYPE OF SERVICE: Dental ☐ Consultation Visit ☐ ER Visit ☐
FACILITY SENT TO: St. John's Sapular TRANSPORT: AMBULANCE-EX DEPUTY OTHER CCEMS TRANSPORT: AMBULANCE-EX DEPUTY OTHER
DIAGNOSIS/SUSPECTED CONDITION: Fain ting, Diaphoretic (sweating through
his shirt), Chostpain
Mutual Combat: Yes □ No 🗷
Was this injury caused by any Acts or Omission of the County: Yes ☐ No 读
IS THIS PRE-EXISTING: YES NO
PROVIDER NOTIFIED: YES NO D PROVIDERS NAME: Lee la Goatley, ARMY
Or Next of Kin Cushing 0K 74023
NAME OF THE STAFF TRANSFERING Nicholas Groom
SIGNATURE Prom CPN DATE 96 9-30-16
In mate Pronounced deceased at Hospital 12:20pm, 9-30-16
COMPLETE IMMEDIATELY AFTER TRANSPORT FAX TO 405-563-9131**

7-21-16